
State:	District of Columbia	Filing Company:	RLI Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
Product Name:	TRANSPORTATION FORMS		
Project Name/Number:	/		

Filing at a Glance

Company:	RLI Insurance Company
Product Name:	TRANSPORTATION FORMS
State:	District of Columbia
TOI:	20.0 Commercial Auto
Sub-TOI:	20.0000 Commercial Auto Combinations
Filing Type:	Form
Date Submitted:	02/13/2020
SERFF Tr Num:	RLSC-132246552
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	TRANS-F-0120
Effective Date	04/01/2020
Requested (New):	
Effective Date	04/01/2020
Requested (Renewal):	
Author(s):	Sylvia Walker, Tom Drucker, Cathy Barker
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State: District of Columbia
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: TRANSPORTATION FORMS
Project Name/Number: /

Filing Company: RLI Insurance Company

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments: We are filing these endorsements simultaneously in our state of domicile.
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/13/2020
State Status Changed: Deemer Date:
Created By: Sylvia Walker Submitted By: Sylvia Walker
Corresponding Filing Tracking Number:

Filing Description:

RLI Insurance Company is submitting several new endorsements to be used with our Transportation Programs. Specifically, we intend that these forms will be used with our Trucking / Motor Carrier, Business Automobile, Excess Indemnity, Public Automobile and Specialty Commercial Auto programs.

Enclosed for your review are sixteen (16) new forms that RLI has developed for use with our Transportation programs. Attached is a Countrywide Forms Index/Synopsis page which details each form included in this filing, and its intended use.

In accordance with your state insurance department's regulations, we request these forms be effective April 1, 2020.

We trust that the enclosed material satisfies your Department's filing requirements for form filings. If there are questions regarding this material or anything additional is necessary, please do not hesitate to contact me either directly through SERFF or as indicated below prior to taking any adverse action with regard to this submission. Thank you for your time and attention on this submission.

Sincerely,

Sylvia Walker
Sr. IDA Analyst
1-844-237-8197

Company and Contact

Filing Contact Information

Sylvia Walker, Sr. IDA Analyst
4012 Twilight Drive South
Fort Worth, TX 76116

Sylvia.Walker@rlicorp.com
844-237-8197 [Phone]
309-689-2047 [FAX]

Filing Company Information

RLI Insurance Company	CoCode: 13056	State of Domicile: Illinois
9025 N Lindbergh Drive	Group Code: 783	Company Type: P&C
Peoria, IL 61615	Group Name: RLI Insurance Group	Domestic Stock
(800) 331-4929 ext. [Phone]	FEIN Number: 37-0915434	State ID Number:

State: District of Columbia**Filing Company:** RLI Insurance Company**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0000 Commercial Auto Combinations**Product Name:** TRANSPORTATION FORMS**Project Name/Number:** /

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: District of Columbia

Filing Company:

RLI Insurance Company

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name: TRANSPORTATION FORMS

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR NEGLIGENCE	TRS 700	01 20	END	New			trs7000120.pdf
2		ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR OPERATIONS	TRS 701	01 20	END	New			trs7010120.pdf
3		ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR NEGLIGENCE	TRS 702	01 20	END	New			trs7020120.pdf
4		ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR OPERATIONS	TRS 703	01 20	END	New			trs7030120.pdf
5		NON-NAMED DRIVER EXCLUSION	TRS 704	02 20	END	New			trs7040220.pdf
6		NOTIFICATION OF CANCELLATION OR NONRENEWAL – TO DESIGNATED PERSON OR ORGANIZATION – FOR REASONS OTHER THAN NONPAYMENT OF PREMIUM	TRS 705	01 20	END	New			trs7050120.pdf

SERFF Tracking #:

RLSC-132246552

State Tracking #:

Company Tracking #:

TRANS-F-0120

State: District of Columbia

Filing Company:

RLI Insurance Company

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

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Project Name/Number: /

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
7		PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR NEGLIGENCE	TRS 706	01 20	END	New			trs7060120.pdf
8		PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR OPERATIONS	TRS 707	01 20	END	New			trs7070120.pdf
9		PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR NEGLIGENCE	TRS 708	01 20	END	New			trs7080120.pdf
10		PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR OPERATIONS	TRS 709	01 20	END	New			trs7090120.pdf
11		THIRTY-DAY NOTIFICATION OF CANCELLATION OR NONRENEWAL TO – DESIGNATED PERSON OR ORGANIZATION	TRS 710	01 20	END	New			trs7100120.pdf
12		TWO OR MORE COVERAGE FORMS OR POLICIES CHANGES TO GENERAL CONDITIONS	TRS 711	01 20	END	New			trs7110120.pdf

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Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
13		WAIVER OF RIGHT OF RECOVERY – DESIGNATED PERSON OR ORGANIZATION	TRS 712	01 20	END	New			trs7120120.pdf
14		WAIVER OF RIGHT OF RECOVERY – BY WRITTEN CONTRACT	TRS 713	01 20	END	New			trs7130120.pdf
15		WAIVER OF SUBROGATION – EXCESS INDEMNITY COVERAGE – DESIGNATED PERSON OR ORGANIZATION	TRS 714	01 20	END	New			trs7140120.pdf
16		NOTIFICATION TO DESIGNATED PERSON OR ORGANIZATION – FOR SELECTED REASON	TRS 715	01 20	END	New			trs7150120.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT –
FOR YOUR NEGLIGENCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS INDEMNITY COVERAGE
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

Additional insured for liability coverage provided under this policy shall include:

1. Any organization named as an additional insured on a Certificate of Insurance issued for this policy and received by us prior to the date of loss, but only for liability for your negligence to which this insurance applies; or
2. Any organization you are obligated to name as an additional insured pursuant to a written contract signed by both you and the organization prior to the date of loss, but only for liability for your negligence to which this insurance applies.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT –
FOR YOUR OPERATIONS**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- EXCESS INDEMNITY COVERAGE
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

Additional insured for liability coverage provided under this policy shall include:

1. Any organization named as an additional insured on a Certificate of Insurance and received by us prior to the date of loss, but only for liability for your operations to which this insurance applies; or
2. Any organization you are obligated to name as an additional insured pursuant to a written contract signed by both you and the organization prior to the date of loss, but only for liability for your operations to which this insurance applies.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
DESIGNATED PERSONS AND ORGANIZATIONS –
FOR YOUR NEGLIGENCE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- EXCESS INDEMNITY COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

The persons and organizations designated below are an additional insured for liability coverage provided under this policy, but only for liability for your negligence to which this insurance applies.

Name of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
DESIGNATED PERSONS AND ORGANIZATIONS –
FOR YOUR OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS INDEMNITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

The persons and organizations designated below are an additional insured for liability coverage provided under this policy, but only for liability for your operations to which this insurance applies.

Name of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-NAMED DRIVER EXCLUSION

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:
Named Insured:

Liability coverage and Physical Damage coverage only apply to an "accident" or "loss" that occurs while a covered "auto" is used by the following named drivers:

No coverage is provided on this policy when a covered "auto" is used by any individual other than those drivers specifically named on this endorsement.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTIFICATION OF CANCELLATION OR NONRENEWAL –
TO DESIGNATED PERSON OR ORGANIZATION –
FOR REASONS OTHER THAN NONPAYMENT OF PREMIUM**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS INDEMNITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

At your request, if we non-renew or cancel this policy for reasons other than nonpayment of premium, we will provide a minimum of ____ days written notification to the persons and organizations designated below at the address listed below.

If we cancel this policy for nonpayment of premium, we will provide notice to the persons and organizations designated below at the address listed below in accordance with the time specified in the applicable state notice requirement for notification to an insured.

Nothing in this endorsement changes the applicable minimum state notification requirements for cancellation or nonrenewal of this policy to an insured.

Name and Addresses of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
ADDITIONAL INSURED –
CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT –
FOR YOUR NEGLIGENCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS INDEMNITY COVERAGE
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

Additional Insured for liability coverage provided under this policy shall include:

1. Any organization named as an additional insured on a Certificate of Insurance issued for this policy and received by us prior to the date of loss, but only for liability for your negligence to which this insurance applies; or
2. Any organization you are obligated to name as an additional insured pursuant to a written contract signed by both you and the organization prior to the date of loss, but only for liability for your negligence to which this insurance applies.

For purposes of the liability coverage provided to an additional insured by this endorsement, this insurance is primary and noncontributory with respect to other insurance issued to the additional insured as a Named Insured, or self-insurance, which provides the same insurance as provided to you by this policy.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
ADDITIONAL INSURED –
CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT –
FOR YOUR OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS INDEMNITY COVERAGE
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

Additional Insured for liability coverage provided under this policy shall include:

1. Any organization named as an additional insured on a Certificate of Insurance issued for this policy and received by us prior to the date of loss, but only for liability for your operations to which this insurance applies; or
2. Any organization you are obligated to name as an additional insured pursuant to a written contract signed by both you and the organization prior to the date of loss, but only for liability for your operations to which this insurance applies.

For purposes of the liability coverage provided to an additional insured by this endorsement, this insurance is primary and noncontributory with respect to other insurance issued to the additional insured as a Named Insured, or self-insurance, which provides the same insurance as provided to you by this policy.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
ADDITIONAL INSURED –
DESIGNATED PERSONS AND ORGANIZATIONS –
FOR YOUR NEGLIGENCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS INDEMNITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

1. The persons and organizations designated below are an additional insured for liability coverage provided under this policy, but only for liability for your negligence to which this insurance applies.
2. For purposes of the liability coverage provided to an additional insured by this endorsement, this insurance is primary and noncontributory with respect to other insurance issued to the additional insured as a Named Insured, or self-insurance, which provides the same insurance as provided to you by this policy.

Name of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
ADDITIONAL INSURED –
DESIGNATED PERSONS AND ORGANIZATIONS –
FOR YOUR OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS INDEMNITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

1. The persons and organizations designated below are an additional insured for liability coverage provided under this policy, but only for liability for your operations to which this insurance applies.
2. For purposes of the liability coverage provided to an additional insured by this endorsement, this insurance is primary and noncontributory with respect to other insurance issued to the additional insured as a Named Insured, or self-insurance, which provides the same insurance as provided to you by this policy.

Name of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**THIRTY-DAY NOTIFICATION
OF CANCELLATION OR NONRENEWAL TO –
DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS INDEMNITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

At your request, if we non-renew or cancel this policy we will provide a minimum of thirty (30) days written notification to the persons and organizations designated below at the address listed below.

Nothing in this endorsement changes the applicable minimum state notification requirements for cancellation or nonrenewal of this policy to an insured.

Name and Addresses of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TWO OR MORE COVERAGE FORMS OR POLICIES
CHANGES TO GENERAL CONDITIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

B. General Conditions, Paragraph 8. Two or More Coverage Forms Or Policies Issued By Us in **SECTION IV - BUSINESS AUTO CONDITIONS** and **SECTION V – MOTOR CARRIER CONDITIONS**, is replaced by the following:

Any and all coverage provided by this policy is separate from and:

- a. shall not be combined, stacked or overlapped with any other policy issued to you by us;
- b. is not primary to, excess to, or other insurance to, any other policy issued to you by us; and
- c. shall not be changed or increased by any other policy issued to you by us.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF RIGHT OF RECOVERY – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

In consideration of the additional premium of \$_____, it is understood and agreed that:

We waive any right of recovery for payment we make that we may have against the person or organization designated below, if you have agreed to waive your right to recovery in a contract signed by you and such person or organization prior to the loss.

In addition, the following is added to **A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us** of **SECTION IV – BUSINESS AUTO CONDITIONS** and **SECTION V – MOTOR CARRIER CONDITIONS**, and **7. Transfer Of Rights Of Recovery Against Others To Us** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

However, this condition does not apply to recovery for payment we make under this Coverage Form from the person or organization designated below if you have agreed to waive your right of recovery against such person or organization in a written contract signed prior to the loss.

We will retain the additional premium shown above, regardless of any early termination of this endorsement or the policy.

Name of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF RIGHT OF RECOVERY – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

In consideration of the additional premium of \$_____, it is understood and agreed that:

We waive any right of recovery for payment we make that we may have against any person or organization with whom you have agreed to waive your right to recovery in a contract signed by you and such person or organization prior to the loss.

In addition, the following is added to **A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us** of **SECTION IV – BUSINESS AUTO CONDITIONS** and **SECTION V – MOTOR CARRIER CONDITIONS**, and **7. Transfer Of Rights Of Recovery Against Others To Us** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

However, this condition does not apply to recovery for payment we make under this Coverage Form from a person or organization with whom you have agreed to waive your right of recovery in a written contract signed prior to the loss.

We will retain the additional premium shown above, regardless of any early termination of this endorsement or the policy.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF SUBROGATION –
EXCESS INDEMNITY COVERAGE –
DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

TRUCKER'S EXCESS INDEMNITY COVERAGE FORM
PUBLIC TRANSPORTATION EXCESS INDEMNITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

In consideration of the additional premium of \$_____, it is understood and agreed that:

We waive any right of recovery for payment we make that we may have against the person or organization designated below, if you have agreed to waive your right to recovery in a contract signed by you and such person or organization prior to the loss.

In addition, the following is added to **SECTION VII. CONDITIONS, R. Subrogation And Salvage:**

However, this condition does not apply to recovery for payment we make under this Coverage Form from the person or organization designated below if you have agreed to waive your right of recovery against such person or organization in a written contract signed prior to the loss.

We will retain the additional premium shown above, regardless of any early termination of this endorsement or the policy.

Name of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTIFICATION TO DESIGNATED PERSON OR ORGANIZATION – FOR SELECTED REASON

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

At your request, we will provide the following written notification to the persons and organizations designated below at the address listed. Notification will be provided only for the reasons marked with an "X" and by the number of days listed.

Reason for Notification	Minimum Number of Days
<input type="checkbox"/> Cancellation of this policy for nonpayment of premium	
<input type="checkbox"/> Cancellation of this policy for reasons other than nonpayment of premium	
<input type="checkbox"/> Non-renewal of this policy	
<input type="checkbox"/> Reduction in liability coverage limit for this policy	

This Notification provision does not change the applicable minimum state notification requirements for cancellation or nonrenewal of this policy to an insured.

Name and Address of Persons and Organizations:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

State:	District of Columbia	Filing Company:	RLI Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	FORM SYNOPSIS
Comments:	
Attachment(s):	Form Synopsis 02 20.pdf
Item Status:	
Status Date:	

FORM #	TITLE	SYNOPSIS
TRS 700 01 20	ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR NEGLIGENCE	Provides coverage with respect to liability arising out of the named insureds negligence for the additional insured named on a Certificate of Insurance or <u>when required by contract</u>
TRS 701 01 20	ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR OPERATIONS	Provides coverage with respect to liability arising out of operations performed by the named insured for the additional insured named on a Certificate of Insurance or <u>when required by contract</u>
TRS 702 01 20	ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR NEGLIGENCE	Provides coverage with respect to liability arising out of the named insureds negligence for the additional insured named on this endorsement
TRS 703 01 20	ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR OPERATIONS	Provides coverage with respect to liability arising out of operations performed by the named insured for the additional insured named on this endorsement
TRS 704 01 20	NON-NAMED DRIVER EXCLUSION	Excludes coverage for drivers not included in this endorsement.
TRS 705 01 20	NOTIFICATION OF CANCELLATION OR NONRENEWAL – TO DESIGNATED PERSON OR ORGANIZATION – FOR REASONS OTHER THAN NONPAYMENT OF PREMIUM	Provides the designated person or organization (third party) with notice in the event of cancellation or non-renewal
TRS 706 01 20	PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR NEGLIGENCE	Provides coverage on a primary and non-contributory basis with respect to liability arising out of the named insureds negligence for the additional insured named on a Certificate of Insurance or when required by contract
TRS 707 01 20	PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR OPERATIONS	Provides coverage on a primary and non-contributory basis with respect to liability arising out of operations performed by the named insured for the additional insured named on a Certificate of Insurance or when required by <u>contract</u>
TRS 708 01 20	PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR NEGLIGENCE	Provides coverage on a primary and non-contributory basis with respect to liability arising out of the named insureds negligence for the additional insured named on this endorsement
TRS 709 01 20	PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR OPERATIONS	Provides coverage on a primary and non-contributory basis with respect to liability arising out of operations performed by the named insured for the additional insured named on this endorsement
TRS 710 01 20	THIRTY-DAY NOTIFICATION OF CANCELLATION OR NONRENEWAL TO – DESIGNATED PERSON OR ORGANIZATION	Provides the designated person or organization (third party) with notice in the event of cancellation or non-renewal
TRS 711 01 20	TWO OR MORE COVERAGE FORMS OR POLICIES CHANGES TO GENERAL CONDITIONS	Clarifies coverage intent when two or more coverage forms or policies are issued by us.
TRS 712 01 20	WAIVER OF RIGHT OF RECOVERY – DESIGNATED PERSON OR ORGANIZATION	The company waives its right of subrogation against the designated person or organization named in this endorsement
TRS 713 01 20	WAIVER OF RIGHT OF RECOVERY – BY WRITTEN CONTRACT	The company waives its right of subrogation against any person or organization in which the named insured has agreed by contract to waive its <u>rights</u> .
TRS 714 01 20	WAIVER OF SUBROGATION – EXCESS INDEMNITY COVERAGE – DESIGNATED PERSON OR ORGANIZATION	The company waives its right of subrogation against the designated person or organization named in this endorsement
TRS 715 01 20	NOTIFICATION TO DESIGNATED PERSON OR ORGANIZATION – FOR SELECTED REASON	Provides the designated person or organization (third party) with a designated notice in the event of cancellation, non-renewal or reduction in limits